

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS				1. Federal Agency and Organizational Element	2. Federal Grant No. or Other Identifying Number
3. Type of Request <input type="checkbox"/> Final <input type="checkbox"/> Partial	4. Basis of Request <input type="checkbox"/> Cash <input type="checkbox"/> Accrued Expenditure	5. Partial Payment Request No.			
6. Employer Identification No.	7. Grantee Account No. or Identifying No.	8. Period Covered (Month, Day, Year) FROM _____ TO _____			
9. Name of Grantee Organization STREET NO. AND NAME _____ CITY _____ STATE _____ ZIP CODE _____		10. Name of Payee (If different than Item 9) STREET NO. AND NAME _____ CITY _____ STATE _____ ZIP CODE _____			
11. STATUS OF FUNDS					
CLASSIFICATION	PROGRAMS — FUNCTIONS — ACTIVITIES				
	(1)	(2)	(3)	TOTAL	
a. Administrative expense	\$	\$	\$	\$	
b. Preliminary expense					
c. Land, structures, right-of-way					
d. Architectural engineering basic fees					
e. Other architectural engineering fees					
f. Project inspection fees					
g. Land development					
h. Relocation expense					
i. Relocation payments to indiv. and businesses					
j. Demolition and removal					
k. Construction and project improvement cost					
l. Equipment					
m. Miscellaneous cost					
n. Total cumulative to date (Sum of Lines a-m)					
o. Deductions for program income					
p. Net cumulative to date (Line n minus Line o)					
q. Federal share to date					
r. Rehabilitation grants (100% reimbursement)					
s. Total Federal share (Sum of Lines q and r)					
t. Federal payments previously requested					
u. Amount requested for reimbursement	\$	\$	\$	\$	
v. Percent of project completed	%	%	%	%	
12. CERTIFICATION — I certify that to the best of my knowledge and belief the billed costs of disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the grant.					
a. GRANTEE			b. STATE, LOCAL, OR FEDERAL GOVERNMENT REPRESENTATIVE		
Name			Name		
Title	Telephone No.	Title	Telephone No.		
Signature of Authorized Official	Date	Signature of Authorized Official	Date		